



European Commission Initiative on Breast Cancer (ECIBC): European guidelines on breast cancer screening and diagnosis

Evidence profile

Healthcare question	Should communication skills training vs. no communication skills training be used for healthcare professionals working with women who undergo screening mammography?
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Abbreviations	CI: Confidence interval OR: Odds ratio MD: Mean difference

Certainty assessment							N° of patients		Effect		Certainty	Importance
N° of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Communication skills training	No communication skills training	Relative (95% CI)	Absolute (95% CI)		
Explaining to subjects their risk of developing cancer (assessed with: Physician Self-Rating; Scale from: 1 poor to 5 excellent)												
1 ¹	randomised trials	serious _{ab}	not serious	serious ^c	not serious ^d	none	30	26	-	MD 0.1 higher (0.22 lower to 0.42 higher)	⊕⊕○○ LOW	CRITICAL

Certainty assessment							N° of patients		Effect		Certainty	Importance
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Eliciting subjects' preferences for medical treatment (assessed with: Physician Self-Rating; Scale from: 1 poor to 5 excellent)												
1 ¹	randomised trials	serious ^{ab}	not serious	serious ^c	not serious ^d	none	30	26	-	MD 0.1 lower (0.21 lower to 0.01 higher)	⊕⊕○○ LOW	CRITICAL
Eliciting subjects' preferences for their role in decision making (assessed with: Physician Self-Rating; Scale from: 1 poor to 5 excellent)												
1 ¹	randomised trials	serious ^{ab}	not serious	serious ^c	not serious ^d	none	30	26	-	MD 0 (0.49 lower to 0.49 higher)	⊕⊕○○ LOW	CRITICAL
Used language easy to understand (assessed with: Standardized subjects' rating; Scale from: 1 poor to 5 excellent)												
1 ¹	randomised trials	serious ^{ab}	not serious	serious ^c	serious ^e	none	30	26	-	MD 0.4 lower (0.69 lower to 0.11 lower)	⊕○○○ VERY LOW	CRITICAL
Explored beliefs or understanding of risk of cancer (assessed with: Standardized subjects' rating; Scale from: 1 poor to 5 excellent)												
1 ¹	randomised trials	serious ^{ab}	not serious	serious ^c	serious ^e	none	30	26	-	MD 0.8 higher (0.06 higher to 1.54 higher)	⊕○○○ VERY LOW	CRITICAL
Encouraged to discuss concerns about cancer screening (assessed with: Standardized subjects' rating; Scale from: 1 poor to 5 excellent)												
1 ¹	randomised trials	serious ^{ab}	not serious	serious ^c	serious ^e	none	30	26	-	MD 0.5 higher (0.1 lower to 1.1 higher)	⊕○○○ VERY LOW	CRITICAL
Checked understanding of benefits and risks (assessed with: Standardized subjects' rating; Scale from: 1 poor to 5 excellent)												
1 ¹	randomised trials	serious ^{ab}	not serious	serious ^c	serious ^e	none	30	26	-	MD 0.6 higher (0.14 lower to 1.34 higher)	⊕○○○ VERY LOW	CRITICAL

Certainty assessment							N° of patients		Effect		Certainty	Importance
N° of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Communication skills training	No communication skills training	Relative (95% CI)	Absolute (95% CI)		
Encouraged to ask questions (assessed with: Standardized subjects' rating; Scale from: 1 poor to 5 excellent)												
1 ¹	randomised trials	serious ^{ab}	not serious	serious ^c	serious ^e	none	30	26	-	MD 0.5 higher (0.17 lower to 1.17 higher)	⊕○○○ VERY LOW	CRITICAL
Reached agreement on final plans to order cancer screening (assessed with: Standardized subjects' rating; Scale from: 1 poor to 5 excellent)												
1 ¹	randomised trials	serious ^{ab}	not serious	serious ^c	serious ^e	none	30	26	-	MD 0.3 higher (0.28 lower to 0.88 higher)	⊕○○○ VERY LOW	CRITICAL
Composite general cancer risk communication (assessed with: Standardized subjects' rating; Scale from: 1 poor to 5 excellent)												
1 ¹	randomised trials	serious ^{ab}	not serious	serious ^c	serious ^e	none	30	26	-	MD 0.4 higher (0.23 lower to 1.03 higher)	⊕○○○ VERY LOW	CRITICAL
Composite colon cancer screening shared decision making (assessed with: Standardized subjects' rating; Scale from: 1 poor to 5 excellent)												
1 ¹	randomised trials	serious ^{ab}	not serious	serious ^c	serious ^e	none	30	26	-	MD 0.2 higher (0.46 lower to 0.86 higher)	⊕○○○ VERY LOW	CRITICAL
Improvement in perceived communication quality (assessed with: Subjects' rating; Scale from: 9 to 36)												
1 ²	randomised trials	not serious	not serious	serious ^f	serious ^g	none	82	78	-	MD 2.19 higher (0.06 higher to 4.32 higher)	⊕⊕○○ LOW	CRITICAL
Improvement in colon cancer screening knowledge (assessed with: Subjects' rating; Scale from: 0 to 4)												
1 ²	randomised trials	not serious	not serious	serious ^f	serious ^e	none	82	78	-	MD 0.3 higher (0.03 higher to 0.57 higher)	⊕⊕○○ LOW	CRITICAL

Certainty assessment							N° of patients		Effect		Certainty	Importance
N° of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Communication skills training	No communication skills training	Relative (95% CI)	Absolute (95% CI)		
Participation rate (adjusted analysis)												
1 ²	randomised trials	not serious	not serious	serious ^{f,h}	serious ⁱ	none	60/246 (24.4%)	41/233 (17.6%)	OR 1.57 (0.76 to 3.27)	75 more per 1,000 (from 36 fewer to 235 more) ^h	⊕⊕○○ LOW	CRITICAL
Participation rate (all studies)												
3 ^{2,3,4}	randomised trials	serious ^b	not serious	serious ^{c,f,h}	not serious	none	879/2349 (37.4%)	18.0%	OR 1.55 (1.22 to 1.98)	74 more per 1,000 (from 31 more to 123 more)	⊕⊕○○ LOW	CRITICAL
								36.0%		106 more per 1,000 (from 47 more to 167 more)		
Anxiety - not reported												
-	-	-	-	-	-	-	-	-	-	-	-	-
Reported pain / discomfort - not reported												
-	-	-	-	-	-	-	-	-	-	-	-	-

Explanations

- Unclear randomisation and concealment allocation. It cannot be excluded that differences in baseline intervention and control groups had an impact on results. Control group was more experienced, all trained in US and included more specialists in general internal medicine.
- Analysis did not take the clustering into account and adjustments for optimal and effective sample size were performed based on Hwei 2018 intracluster correlation coefficient (ICC).
- Study subjects consisted in US population with low or inadequate health literacy due for breast/cervical or colon cancer screening. Indirect population for women undergoing breast cancer screening.
- The study size is limited and the minimal important differences are not known; however, the GDG judged 0.5 points difference in a 1 to 5 scale as important, based on this, the 95%CI does not seem to indicate any important benefit or harm.
- Minimal important differences are not known; however, the GDG judged 0.5 points difference in a 1 to 4/5 scale as important, based on this, the 95%CI crosses the MID.
- Study subjects consisted in US living Chinese population non-adherent to colorectal cancer screening recommendations. Indirect population for women undergoing breast cancer screening.

- g. Minimal important differences are not known; however, the GDG judged >3 points difference in a 9 to 36 scale as important, based on this, the 95%CI crosses the MID.
- h. Relative effects based on colorectal screening participation in the control group lower than 35% (adjusted to the effective sample size)
- i. Small number of events; the 95%CI indicates an appreciable benefit or harm

References

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